Letter From the AAP President

Together, We Can Make a Real Difference

From its inception, the American Academy of Pediatrics has been a different type of professional organization—one that sees itself first and foremost as the voice and protector of children. Continuing in that tradition, our term will be devoted not only to promoting our profession and the education and well-being of pediatricians but also to addressing child poverty—the most critical threat facing our nation’s children today.

Poverty underlies many of the problems that we care about: health equity, early brain and child development, toxic stress, obesity, epigenetics, food insecurity, and mental health issues. It is also a driver of the increased incidence and severity of chronic diseases like asthma, autism, and attention-deficit/hyperactivity disorder.

I know many of you are passionate about these issues. Your section has been doing some amazing things to combat poverty and improve the lives of children and families. I commend you for your work in addressing food insecurity, access to health care, healthy communities, and educational opportunities for children. And I ask you to continue to work with me to lift families out of poverty and alleviate the effects of poverty on children’s health and well-being.

What can we do together as an organization?

• First, we will speak out. The AAP represents the majority of our nation’s pediatricians. We are the most trusted advocates for children and families, and what we say in union matters.

• Second, we will partner with other professional organizations, nongovernmental organizations, the business community, and government agencies, because we can’t do this alone.

• Third, we will create a curriculum across the educational continuum that addresses child poverty and gives pediatricians the tools to do a better job of caring for low-income children and families within the medical home.

Children’s voices are small and we need to amplify them. I pledge to lead our AAP in promoting our profession, improving education and leadership opportunities, and making a real difference for the most vulnerable children and families.

I don’t have all the answers, but together, we can find them. I look forward to learning and working with you.

Benard P. Dreyer, MD, FAAP
President, American Academy of Pediatrics
Follow Dr Dreyer on Twitter @AAPPres
How We Define “Innovative Education”
By Gabriella Polyak, MD

Putting FACE in Place
By Gabriella Polyak, MD

Engaging Fellowship Trainees
By Markus S. Renno, MD, FAAP SOMSRFT Internal Process Workgroup

International Elite Awards
The American Academy of Pediatrics (AAP) has set aside several $10,000 awards to be given in 2016 to categorical or combined-training pediatric residents who wish to complete a clinical pediatric elective in the developing world during residency. Fellowship trainee members are also eligible to apply (the awards committee may, at its discretion, select up to one fellowship trainee to receive the award). Awards are given solely on the basis of the application and an online recommendation form completed by the applicant’s program director, faculty mentor, or global health director. The selection committee is composed of members from the AAP Section on International Child Health (SOCIH) and AAP Section on Medical Students, Residents, and Fellowship Trainees. Applicants must be residents or fellows with less than one year of training, and should be members of SOCIH. To apply, applicants should go to https://aapsf25.formsite.com/aapmembership/SOCIH/Resident/secure_index.html.

To access the online application, please go to www.aap.org/sections/ypn and click on “Funding & Awards.” Second-cycle applications are due September 15, 2016.
In mid-November 2015, residents on the Diamond Children’s Hospital inpatient teams met with chaplains trained in stress management to reflect on the year’s rotation. Recent weeks had been particularly busy with emotional exhaustion, challenging patient-family interactions, and tragic disease pathology. Residents were able to confidentially express grief, frustration, helplessness, and guilt, and were provided with support and coping strategies. These sessions have been one piece of the multifaceted efforts to integrate medical humanities into the University of Arizona Pediatrics Residency Program.

Marie Olson, MD, and Rachel Manzo, MD (PCG-1), have joined me in leading teaching seminars that aim to foster humanism and reflection, build “spiritual toolboxes,” and promote active listening as tools of healing and means of preventing burnout. For example, one session, “Exploring Anger,” focused on feelings of hostility between physicians and patients as well as potential conflicts with colleagues and provided training in nonviolent communication skills. Another seminar, “Exploring Grief,” was led by Rachel Cranton, MD, one of our beloved hospitalists who consults on palliative care. “Exploring Empathy” featured reflection by Claire Wells, NP, who serves a crucial role in our pediatric intensive care unit, connecting the medical team with patients’ families. A fourth seminar, “Understanding How to Live with Illness,” was led by MacKun, MD, MPH, a resident at the University of Texas at Houston, University Health Sciences Center School of Medicine in Amarillo, who took top honors in the “Exploring Empathy” column, reviewed all final abstracts to select the winners, which will be published in the September 2016 issue of IRIS. Zachary Craft, from the Texas Tech University Health Sciences Center School of Medicine in Amarillo, took top honors among medical students for “Primary Cutaneous Acute Lymphoblastic Leukemia.” Shalini Kaul, MD, MPH, a resident at the University of Texas at Houston, presented the winning abstract among those submitted by residents and fellows, “Gastric Bezozar: A Rare Cause of Abdominal Pain in a Sickle Cell Patient.”

Residents, fellows, and medical students are encouraged to submit cases for the 2016 SOMSRFT Annual Assembly. Information on submissions and past clinical case winners can be found at www.aap.org/sections/ypn/funding_awards clinical_case_prizes.html.

The 2015 SOMSRFT Reception and Poster Display was supported by Abbott Nutrition, a division of Abbott Laboratories, Inc.
A Day in the Life of a Triple-Board Resident

By Justin Schreiber, DO, MPH

Innovative Education

My morning starts with the triple-board clinic, where I see children who are medically complex and also have psychiatric needs. My first patient of the day is a 17-year-old with cerebral palsy who has depression and episodes of catatonia. She is excited to talk about how well the school year is going and report that there have been no episodes of follow-up, and a new rash.

The rest of the morning includes a 15-year-old with diabetes and depression that is extending to suicide. As one of the triple-board chiefs, I am expected to organize the behavioral health and well-being encounters for the children. If the connection between physical and mental health in our pediatrics patients (eg, providing psychiatric services for medically complex children in outpatient and inpatient settings) Our training enables us to integrate what we learn in both fields and bring that knowledge to every clinical encounter. If the connection between physical and mental health in children interests you, consider checking out more information at the American Academy of Pediatrics.

In between appointments, one of the other pediatrics residents asks if we can talk about a patient she is concerned about. The patient has described recent worsening depression and recent suicidal ideation. We discuss the process of connecting the family to mental health crisis services and talk through how to approach this discussion so the patient can get further services.

After seeing my pediatrics patients, I get an e-mail from one of the hospitalist attending asking if one of her patients is a good fit for the triple-board clinic or would better be referred to another mental health clinic. As triple-board residents, our training covers pediatrics, psychiatry, and child and adolescent psychiatry. It extends over 5 years, preparing us to address both the physical and mental health of our pediatrics patients (eg, providing psychiatric services for medically complex children in outpatient and inpatient settings). Our training enables us to integrate what we learn in both fields and bring that knowledge to every clinical encounter. If the connection between physical and mental health in children interests you, consider checking out more information at the American Academy of Pediatrics.

Recently Funded Topics

Adolescent Males
- Bullying Prevention
- Child Development/Developmental Delay
- Children of Incarcerated Parents Health
- Domestic Violence Survivors
- Gun Violence
- Immunizations
- LGBTQ Youth
- Military and Community Collaboration
- Native American Child Health
- Opioid Addiction and Infants With Neonatal Abstinence Syndrome
- Youth in the Juvenile Justice Systems

Innovative Education

The American Academy of Pediatrics (AAP), Council on Quality Improvement and Patient Safety (COQIPS) supports innovative efforts to integrate quality- and safety-oriented policy, education, advocacy, and research priorities in our practices. While COQIPS membership is open to all AAP members, it has a lot to offer pediatric residents and fellows.

On first exposure to quality improvement (QI) theory, I was drawn to its rigor and utility. Although my level of enthusiasm greatly exceeded my knowledge of relevant science and techniques, I was able to participate in several engaging QI projects during residency. One focused on prevention of central line–associated bloodstream infection, another concerned breastfeeding promotion, and a third sought to optimize management of hyponatremia.

Today, I find the COQIPS educational programs to be invaluable and motivating. Thanks to what I’ve learned through COQIPS, I’ve been able to develop and implement an ongoing fellowship QI project. Its focus is minimizing growth restriction among very low-birth-weight patients in the neonatal intensive care unit. I am looking forward to learning what gains can be made!
Win a free trip to the 2016 National Conference & Exhibition!

Applications Due July 18, 2016

Up to 3 projects will be selected to receive an Anne E. Dyson Child Advocacy Award at the 2016 Section on Medical Students, Residents, and Fellowship Trainees (SOMSRFT) Annual Assembly, which will meet October 22, 2016, in conjunction with the American Academy of Pediatrics (AAP) National Conference & Exhibition. To access the online application please go to www2.aap.org/sections/ypr/l and click on “Funding & Awards.” Benefits of selection include:

- $300 in funds to advance the winning project’s goals
- Travel and lodging expenses (2 nights) for one resident per project to the National Conference & Exhibition; to be held October 22 through 25, 2016, in San Francisco, CA
- Presentation of the advocacy award plaque during the SOMSRFT Annual Assembly on Saturday, October 22, 2016
- Opportunity to attend the SOMSRFT Reception and Poster Display on Saturday evening, October 22, 2016
- Opportunity to display and distribute project information to medical students, residents, and fellowhip trainees from across the country
- Press release and recognition in the AAP News, print and digital networks, and state chapter newsletters

About the Dyson Foundation

The Anne E. Dyson Child Advocacy Awards are supported by an endowment that celebrates and supports pediatricians in training who work in their communities to improve child health. Anne E. Dyson, MD, FAAP, a pediatrician whose 20-year career as a (continued)

Career Corner features information that will enhance your ability to make the most of opportunities after training. Please e-mail questions or ideas for this column to Angela Sandell, MD, secretary. (continued)

Transition to What?

By Shana Godfred-Cato, DO

During medical training, the attendings are our advisors and role models. Most of us start to wonder about life after June 30 long before it comes. What will it feel like to have a “real” job? Paracys? Joyful independence? Or something else? We anticipate the transition but cannot really prepare for it. We wonder exactly what it will take to get through it.

I transitioned to a general pediatric clinic this past summer. Although I had a good training experience and the required hours of orientation, I was still nervous. When that first day on the job arrived, I was excited, nervous, and scared at all once. Would I go for advice when a patient’s symptoms were a mystery?

As it turns out, the bottom doesn’t drop out on July 1. Support from mentors and others who are senior to us continues. On my first day, I was introduced to a seasoned pediatrician who told me come to her with questions anytime.

My first patient had—what do you know?—otitis media! This is easy, I thought. I can do this! I prescribed antibiotics and gave the family a hand-out on otitis media. The parents were happy and I felt like a successful new pediatrician.

When I had questions, being on my own meant I had to excuse myself from the room and run across the hall. Patients and parents didn’t seem to think I didn’t know what I was doing, even if that was how it felt. No one seemed to feel I was asking too many questions.

I learned that everyone goes through the transition to practice and no one forgets how challenging it can be. No one expected too much from me. I didn’t feel alone or abandoned in any way. My partners have scary, funny stories about their first year in practice, and every now and then, we all need a consult. So don’t fret about the transition to practice. It’s a wonderful fun and exciting time, and you’ll find a lot of support to get through it. Almost before you know it, new pediatricians will be coming to you for advice—and for reassurance! (continued)
News and Views from Pediatricians in Training

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The American Academy of Pediatrics (AAP), through its Section on Medical Students, Residents, and Fellowship Trainees (SOMSRFT), and with support from Children’s Tylenol, offers News and Views from Pediatricians in Training to all AAP resident members and any post-residency training members and medical students who are members of the section. Comments, questions, and member input into future issues are welcome and should be directed to:

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Design
Creative Spectacles

Opinions expressed are those of the authors and not necessarily those of the American Academy of Pediatrics. The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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Creative Learning

Embracing a Fully Integrated Vision
By John Morrison, MD, PhD, District X Coordinator

When All Children's Hospital became a member of Johns Hopkins Medicine in 2011, it set out to redefine how residents are trained to be future leaders in pediatric medicine. The Leadership Executive Academic Development (LEAD) curriculum is an innovative approach to providing pediatric trainees with the skills and confidence to excel as early-career physicians by integrating core aspects of pediatric medicine, such as cultural competency, ethics, continuous quality improvement, patient safety, and practice management, in a measured and focused way.

Each year, our pediatric trainees are excused from clinical duties and immersed in off-campus lectures, small group discussions, patient scenario simulations, and expert panels. This protected time creates a reflective environment for learning experiences designed to develop core skills in complex disciplines. The goal is to deepen critical thinking abilities while learning core leadership and team-building skills.

The LEAD curriculum creates an educational foundation during the first year of training and then progresses along with the trainee’s clinical and professional abilities, pairing achievement of competency-based milestones and personal career goals. Core concepts are taught in a variety of settings throughout each year of training and the LEAD curriculum is integrated with patient experience at the hospital. Each month, residents discuss case scenarios originating from experiences on clinical rotations that incorporate core concepts taught during LEAD.

As Dr. Raquel Hernandez, MD, MPH, director of medical education at All Children’s Hospital Johns Hopkins Medicine and an assistant professor at the Johns Hopkins University School of Medicine explains, clinicians and content experts who helped develop the LEAD curriculum saw a need to expose residents to what are now core skills for physicians in health care. The curriculum embraces what residents should be taught versus what residents could be taught. That perspective makes the LEAD curriculum at All Children’s Hospital Johns Hopkins Medicine a good example of the ways pediatric residency programs are pioneering innovative graduate medical education.

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